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FEC

STATEMENT OF

RECEIVED

FORM 1		0	RGANIZ	ZATIC	N			PM I		
1. NAME OF COMMITTEE (in	ı full)		(Check if name is changed)		nple:If typing, type the lines.	12F	84M5	(amthum)		
New Jer Heneral	SEY PAC	نىمىل	ENFO	RCFIF	SWI SW	PIER	ا <u>ماکنه</u> نالیا	eisi i A	SISIOCI	
ADDRESS (number a	nd street)	سبا	<u> </u>	- ا			<u> </u>	111		ل
(Check if a is changed	address	201	DELA	WARE	AVENU	<u> </u>	1111			
	-		BLING ITYA			ا STATE	1 la	8185H Zip	CODE	
COMMITTEE'S E-M/	AIL ADDRESS	3								
(Check if is changed	-		Second E-Mail	Address	<u>Luss@</u>	Come	AST	NET		∟
COMMITTEE'S WEB	address		irl) _iesia_ C				<u>, , , , , , , , , , , , , , , , , , , </u>	_!_!_		ل ل
2. DATE	71 1.0] lá	1013				•			
3. FEC IDENTIFIC	CATION NUM	MBER	> C	2041	1.08.15					
4. IS THIS STATE	MENT	NEW	v (N) OR	S	AMENDED (A))				
I certify that it have	examined this	Statem	ent and to the b	est of my k	nowledge and belie	it is true,	correct and	complete.		
Type or Print Name	of Treasurer	Sı	LSAD SI	niYh						
Signature of Treasur	er	lus	an ES	mo	D	Date	02	10	301	3
NOTE: Submission of				-	ect the person signir	-		penalties o	f 2 U.S.C. §43)7g.
Office Use Only					For further information Federal Election Community Free 800-424-9530	nission		FEC FO		

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5.

F	EC For	rm 1 (Revised 02/2009)	Page 2
• • • •		OMMITTEE	
Cano			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(p)	ř 1	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name Candi	•	<u> </u>	
Canpi Party	ú ch Affiliatic	ion Sought: House Senate President	tate listrict
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Corr	nmittee:	
(d)		(ocratic, olican, etc.) Party.
Polit	ical A	Action Committee (PAC):	
(e)	X	This committee is a superate segregated fund. (Identity connected organization on line 6.) Its connecte	d organization is a:
		Corporation w/o Capital Stock Lab	or Organization
		Manubuship Organization	perath/n
		to addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregar committee. (i.e., necessated committee)	ited fund or party
		In addition, this occumittee is a Lebbyis/Registrent PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or a committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Com	nmittees Participating in Joint Fundraiser	
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	2.		The second secon
	3.	Situation of the second of the	andiron sto associa vindinara. Lapanara partiniza de parace
		to the contract of the contrac	i. Suddien der der
	4.	FEC ID number C	E constituent de la constitue

FEC Form 1 (Revis		Page 3
Write or Type Committee N	ame	
New Jersey	LAW ENFORCEMENT Supervisors ASSOC	Federal PAC
	d Organization, Affiliated Committee, Joint Fundralsing Representative, or	
	_	,
Men tolkser	4 ILAW ENFORCEMENT Bupervils	loles Alsislok
Mailing Address		
·	BOIL DELLA BARRIANE AVELUVE III	
	Roebiling 11111 wit	085641-
	CITY STATE	ZIP CODE
Relationship: **Conne	cted Organization	un. • I seriembin PAC Sponsor
100	topicon and the second	Les Control of the Openion
 Custodian of Records: books and records. 	identify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name Su	SAD SMITH I I I I I I I I I I I I I I I I I I	
Mailing Address		
	201 Delewere Avenue	
		08854-
	J	
Title or Position	CITY STATE	ZIP CODE
TT. R. Q. Q. S. 10.10	el-	91-14991-13095
	German Indiana	
	and address (phone number optional) of the treasurer of the committee; a	nd the name and address of
any designated agent (e.	3., assistant treasurer).	
Full Name of Treasurer	Sand Santh	
Mailing Address	<u> </u>	
	LADI DO LAMORE AVENUE	
		100001
	Raebling LET STATE	ZIP CODE
Title or Position		
TIREASUR	File- Telephone number (40	91-14991-13095

FEC Form 1 (R			
	evised 02/2009)		Page 4
Full Name of		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Designated Agent	1.4.4.1.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
	1		
Mailing Address			
		الباا	<u> </u>
	CITY	STATE	ZIP CODE
Title or Position		_	
	Telephone Telephone	number	
Name of Bank, Deposi	tory, etc.		
Name of Bank, Deposition o		 	
Pa	2C		68:SD5J-L
Pa	LOHI BOUTE 206 NOE	 	2IP CODE
Pa	BORDENTOWN CITY		
Mailing Address	BORDENTOWN CITY		
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Mailing Address	BORDENTOWN CITY		
Mailing Address Name of Bank, Deposit	BORDENTOWN CITY		
Mailing Address Name of Bank, Deposit	BORDENTOWN CITY		

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